



VVFC VACCINE TALLY REPORT 2006

PIN: _____
 Contact: _____
 Phone: _____
 Fax: _____

Date Submitted:	_____
Facility:	_____
Address:	_____

Instructions: Conduct initial vaccine inventory on the designated date. Count only VVFC vaccine for the specific vaccine types listed. Do not include private vaccine stock. Listing lot numbers is not required. Estimate the number of doses in any opened, multi-dose vials. At the time of inventory, record storage temperatures. Record the number of doses administered to VVFC eligible patients in the middle row. Conduct final inventory on the designated date. Do not include expired or wasted vaccine on this report. Report transfers and wastage on a **VVFC Return Form**. **Ensure that the main physician contact for your practice signs this form upon completion.**

Vaccine	Doses in Starting Inventory Date Conducted: _____	Doses Administered for 2 Months (Tally Marks Optional) (Total)	Doses in Ending Inventory* Date Conducted: _____
DTaP		()	
DTaP-Hep B-IPV (Pediarix)		()	
Hepatitis A		()	
Hepatitis B (3 dose series)		()	
Hib		()	
Hep B-Hib (Comvax)		()	
IPV		()	
MCV4 (Menactra)		()	
MMR		()	
PCV-7 (Prevnar)		()	
Td (Adolescent/Adult)		()	
Tdap (Adolescent)		()	
Varicella (Varivax)		()	
Temperature	Fridge: _____ Freezer: _____		Fridge: _____ Freezer: _____

I, on behalf of myself and any and all practitioners associated with this facility, agree that the data above is true to the best of my knowledge.

 VVFC Main Contact Physician Name

 Signature

 Date

FAX OR MAIL THE REPORT TO:

Division of Immunization, P.O. Box 2448
 109 Governor Street, Room 314 West
 Richmond, VA 23218

1/18/2006, Private Facilities

*May not equal Column 2--Column 3.

Phone (800) 568-1929
 (804) 864-8055
 Fax (804) 864-8090 or 8089

